



Secretary of State, Corporations Division  
500 E. Capitol Avenue, Pierre SD 57501  
Phone 605-773-4845, Fax 605-773-4550

## Application for Certificate of Authority

**FILING FEE: \$550**

**FILING INSTRUCTIONS:** A foreign corporation may apply for a certificate of authority to transact business in South Dakota by delivering this application to the Office of the Secretary of State for filing. One ORIGINAL and One COPY of the application must be submitted. This application must include a CERTIFICATE OF EXISTENCE, or a document of similar import, duly authenticated by the secretary of state or other official having custody of corporate records in the state or country under whose law it is incorporated.

(1) The name of the corporation is (exact corporate name including corporation, company, incorporated, limited or an abbreviation of one of such words) \_\_\_\_\_

(2) State where incorporated \_\_\_\_\_ (3) The date of its incorporation is \_\_\_\_\_  
and the period of its duration is \_\_\_\_\_

(4) The address of its principal office in the state or country under the laws of which it is incorporated is \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

mailing address if different from above is: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

(5) The street address, or a statement that there is no street address, of its registered office in the State of South Dakota is \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

and the name of its registered agent in the State of South Dakota at that address is \_\_\_\_\_

(6) The names and usual business addresses of its current directors and officers are:

| Name  | Officer Title | Street Address | City  | State | Zip   |
|-------|---------------|----------------|-------|-------|-------|
| _____ | _____         | _____          | _____ | _____ | _____ |
| _____ | _____         | _____          | _____ | _____ | _____ |
| _____ | _____         | _____          | _____ | _____ | _____ |
| _____ | _____         | _____          | _____ | _____ | _____ |

The application must be signed by an authorized officer of the corporation.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

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**The Consent of Appointment below must be signed by the registered agent listed in number five.**

### Consent of Appointment by the Registered Agent

I, \_\_\_\_\_, hereby give my consent to serve as the registered  
(name of registered agent)  
agent for \_\_\_\_\_.  
(corporate name)

Dated \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(signature of registered agent)